

Arizona Department of Water Resources Information Management Unit P.O. Box 33589 Phoenix, Arizona 85067-3589 (602) 771-8627 • (800) 352-8488 www.azwater.gov

Project Completion Report for Mineral Exploration Drilling

Review instructions prior to completing form in black or blue ink.

*	This report should be prepared by the well owner or exploration firm in detail and filed with
	the Department within 30 days following completion of the project as a whole.

]	FILE NUMBER
,	WELL REGISTRATION NUMBER
	55 -

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** PLEASE PRINT CLEARLY **																						
SECTIO	SECTION 1. LOCATION OF WELL																					
									WELL LOCATION ADDRESS (IF ANY)													
								TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE														
								,			`					1/2		1/4	1/4			
SECTIO	SECTION 3. DRILLING AUTHORIZATION																					
Well Ow	Drilling Firm																					
FULL NAME	NAME																					
MAILING AD	DWR LICENSE NUMBER																					
CITY / STAT	TELEPHO	NE N	UMBI	ER.				FAX														
CONTACT PERSON NAME AND TITLE																						
TELEPHON	E NUM	BER			1	FAX																
SECTIO DATE DRILL		DO IEC	XT 0.T	A D.T.E		DAT		OOMBI ETER	L AU IMARI	-D OF		<u> </u>				Z18 41 11	4.55	DTU	OF BODING			
DATE DRILL	LING P	KOJEC) SI	AKIE	ט	DATI	E DRILLING PROJECT	COMPLETEL	NUMBE	K OF	HOL	ES			IVIA	XIIVIUI			OF BORING			
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Casing (i	Insta	allea)			M	ATED	IAL (T)		Geologi CHECK ON		og o) VV	en –									
OUTER		1			IVI	AIEK	IAL (I)		Unconsolidated Formation													
DIAMETER (inches)	STEEL	PVC	ABS	DEG	CRIBI	=	IF OTHER TYPE,		Consolidated Formation:													
()	ST	_ ₽_	<	DES	CKID	3E		STATIC WATER LEVEL (IF ENCOUNTERED OR DETECTED)														
									Feet Below Land Surface													
SECTIO	N 5.	ACT	UAI	L W	ELL	AB	ANDONMENT D	ESIGN (i	f abandon	ed)												
	Cas	ing T	rea				licable)		Sealing or Fill Material													
DEPTH				TREA	TMENT TYPE (T)		DEPTH			1				PE(T)				4				
SURI	RFACE			Ж		S) (F	IF OTHER TYPE, DESCRIBE	SURF	ACE				끧	ш	BEN	HIGH SOL BENTONI				1		
			H	RAF	Ш	Remarks)	OR			EMENT	щ	F	<u>NO.</u>	LING					MIXING			
			R JET	s sc	KNIFE	Rer	IF CASING WAS			EME	RETE	SUT		NTC	⊥	(0	LS	•	RATIO	VOLUME		
FROM (feet)	TO (feet)		SONA	RUSH OR SCRAPE	MILLS	SING F	PERFORATED, DESCRIBE SPACING AND SIZE OF PERFORATIONS	FROM (feet)	TO (feet)		CONC	SAND-CEMENT GROUT CEMENT-BENTONITE	MENT-B GRC	GRC SAND-BE GRC	GROU	CHIPS	PELLET	SAND	by (check one) Weight Volume	USED (cubic feet)		
(ICCI)			Š	RUSI	Σ																	
				B		O ම	THAT WERE ADDED						S									
REMARKS	I		I	1	<u> </u>	1	l II				1	I					l .					
I state tha	t this	report	is file	ed in	com	plian	ce with A.A.C. R12-	15-817(C) a	and is com	plete	and	l corr	ect t	o the	besi	of m	ny kr	nowle	edge and h	elief.		
TYPE OR P								(-/	SIGNATURE OF WELL OWNER OR EXPLORATION FIRM DATE													
t .																						